## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V67341

ALUMI-BRITE, INC.

Principal	Place	of	Busi	ness
P.O. BOX	2378			
ORANGE I	PARK f	FL :	3207	3

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

P.O. BOX 2378

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Country

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ORANGE PARK FL 32073

2a. Mailing Address

Suite, Apt. #, etc.

City & State

## FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90075 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

12 Yes

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10 Name and Address of New Registered Agent

09/29/1992

59-3137465

4. FEI Number

9. Name and Address of Current Registered Agent				
CLANCE, WAYNE D. 6353-2 ARGYLE FOREST			1 Na	me
			2 Str	eet Address (P.O. Box Number is Not Acceptable)
	-2 ANGYLE FUNEST (SONVILLE FL 32244		33	
JACI	COUVILLE PL 32244	10	53]	
			4 City	´ <b>                                     </b>
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florida.	horized t	by the c	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typisd or printed name of registered agent and title if applicable. (NOTE: R	Registered A	sent signa	iture required when reinstating)  3/2//49  DATE
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITL		☐ Change ☐ Addition
NAME	HOLDER, DEBBI	1.2 NAM	E	
STREET ADDRESS		1.3 STREET ADDRESS		RESS
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY	-ST-ZIP	
TITLE	☐ DELETE	2.1 TITL	Ē	☐ Change ☐ Addition
NAME		2.2 NAM	E	
STREET ADDRESS	the second of th	2.3 STR	ET ADDR	RESS
CITY-ST-ZIP		2.4 CIT	-ST-ZIP	
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NAME		3.2 NAM	E	
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CITY-ST-ZIP		3.4. CITY	(-ST-ZIP	
TITLE	☐ DELETÉ	4.1 TITLE	Ε	☐ Change ☐ Addition
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STREET ADDRESS		4.3 STR	EET ADDR	RESS
CITY-ST-ZIP		4,4 CITY		☐ Change ☐ Addition
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NAME			_	200
STREET ADDRESS			EET ADDR	(255
CITY-ST-ZIP	☐ DELETE	5.4 CITY 6.1 TITU		☐ Change ☐ Addition
TITLE	DELETE	6.2 NAM	=	
NAME			E EET ADDR	200
STREET ADDRESS				1000
CITY-ST-ZIP	att the the information amplied with this filling does not expelle the	6.4 CITY		tated in Section 110 07/3/(i) Florida Statutes I further certify that the information
14. I hereby	certify that the information supplied with this filing does not qualify for the	ne exem	ption st	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Country

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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with anyaddress, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #